

<i>SERFF Tracking Number:</i>	<i>METD-125594311</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38709</i>
<i>Company Tracking Number:</i>	<i>PPS</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Combined AFS/PPS Product</i>		
<i>Project Name/Number:</i>	<i>Combined AFS/PPS Product/PPS-APP-9-08</i>		

## Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Combined AFS/PPS Product    SERFF Tr Num: METD-125594311    State: ArkansasLH

TOI: A03I Individual Annuities - Deferred    SERFF Status: Closed    State Tr Num: 38709  
Variable

Sub-TOI: A03I.002 Flexible Premium    Co Tr Num: PPS    State Status: Approved-Closed

Filing Type: Form    Co Status:    Reviewer(s): Linda Bird

Authors: Barry Sullivan, Sarah Neil    Disposition Date: 04/22/2008

Date Submitted: 04/14/2008    Disposition Status: Approved

Implementation Date Requested: On Approval    Implementation Date:

State Filing Description:

## General Information

Project Name: Combined AFS/PPS Product

Project Number: PPS-APP-9-08

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/22/2008

State Status Changed: 04/22/2008

Corresponding Filing Tracking Number:

Filing Description:

Please find attached for your review and approval form PPS-APP-9-08. Form PPS-APP-9-08 will replace form PPS APP (04/08) that was previously approved by your Department on January 10, 2008.

This form will be completed by a prospective contract owner/annuitant when an applicant purchases our individual variable annuity form PPS (07/01) that was previously approved by your Department.

This form, where applicable, have been completed in John Doe fashion. Material that is bracketed is variable and is

SERFF Tracking Number: METD-125594311 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 38709  
Company Tracking Number: PPS  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: Combined AFS/PPS Product  
Project Name/Number: Combined AFS/PPS Product/PPS-APP-9-08

subject to change in accordance with the circumstances of a particular case or insured and the parameters described in the enclosed statement of variables. Any changes to the variables outside of these parameters will first be filed with your Department for approval. These forms are submitted in final printed format and are subject to only minor modification in paper size and stock, ink, border, company logo, typographical errors, layout and adaptation to computer printing.

Please note that contract form series to which these forms are attached are variable annuities, which are subject to federal jurisdiction and are therefore exempt from readability requirements.

Thank you for your review of this filing.

## Company and Contact

### Filing Contact Information

Barry Sullivan, Policy Forms Analyst bsullivan1@metlife.com  
501 Boylston Street (617) 578-4386 [Phone]  
Boston, MA 02116 (617) 578-5505[FAX]

### Filing Company Information

Metropolitan Life Insurance Company	CoCode: 65978	State of Domicile: New York
200 Park Avenue	Group Code: 241	Company Type: Life
New York, NY 10166	Group Name: MetLife Group	State ID Number:
(617) 578-2000 ext. [Phone]	FEIN Number: 13-5581829	

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation: \$20 per rider, application, and endorsement, 1 application filed.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$20.00	04/14/2008	19533194

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	04/22/2008	04/22/2008

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## **Disposition**

Disposition Date: 04/22/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>METD-125594311</i>	<i>State:</i>	<i>Arkansas</i>
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		No
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Statement of Variability		No
<b>Form</b>	Application for Variable Annuity		No

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## Form Schedule

**Lead Form Number:** PPS-APP-9-08

<b>Review Status</b>	<b>Form Number</b>	<b>Form Type Form Name</b>	<b>Action</b>	<b>Action Specific Data</b>	<b>Readability</b>	<b>Attachment</b>
	PPS-APP-9-08	Application/ Enrollment Form Application for Variable Annuity	Revised	Replaced Form #: PPS APP (04/08) Previous Filing #: ML-640-1 (4/08)	0	PPS-APP-9-08.pdf

## Application for Variable Annuity

Preference Plus Select®

Metropolitan Life Insurance Company • 200 Park Avenue, New York, NY 10166-0188

## SECTION I - Owner(s)

⚠ The Individual Owner will be the Annuitant unless Section II - Annuitant is completed.

For each Owner that is a Non-US Citizen or a Non-US Permanent Legal Resident, complete the VA NON US supplement form.

☐ **Individual Owner** - First Name JOHN Middle Name JAMES Last Name DOE

Permanent Street Address 123 MAIN ST City ANYTOWN State MA Zip 60001

Sex: ☒ Male Date of Birth 4-12-1958 Social Security Number 123-45-6789 Primary Phone Number 212-333-5213

☐ Female

E-Mail Address \_\_\_\_\_

Form of ID: ☒ U.S. Drivers License ☐ Passport ☐ Government Issued Photo ID Country of Legal Residence U.S. Country of Citizenship U.S.

Issuer of ID MASSACHUSETTS ID Number 123-45-6789 ID Issue Date (if any) \_\_\_\_\_ ID Expiration Date 4-12-2012

Name of Employer METROPOLITAN LIFE Position/Title MANAGER

Employer Street Address 501 BOYLSTON ST Employer City BOSTON State MA Zip 02116

Are you or an immediate family member associated with a FINRA member firm? ☐ Yes ☒ No

☐ **Trust** - Trust Name \_\_\_\_\_ Date of Trust \_\_\_\_\_ Tax ID Number \_\_\_\_\_

Trustee Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ If Owner is **Trust** complete Trustee Certification form. Primary Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Joint Owner** - First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

☐ Permanent Street Address same as Owner

Permanent Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex: ☐ Male Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

☐ Female

E-Mail Address \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

Form of ID: ☐ U.S. Drivers License ☐ Passport ☐ Government Issued Photo ID Country of Legal Residence \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Issuer of ID \_\_\_\_\_ ID Number \_\_\_\_\_ ID Issue Date (if any) \_\_\_\_\_ ID Expiration Date \_\_\_\_\_

Name of Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Employer Street Address \_\_\_\_\_ Employer City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you or an immediate family member associated with a FINRA member firm? ☐ Yes ☐ No

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT ARE VARIABLE, MAY INCREASE OR DECREASE, WHEN BASED ON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUNT AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT.



**SECTION II - Annuitant**

**i** For all IRA Tax Market selections, the Annuitant must be the Owner.

First Name

Middle Name

Last Name

Permanent Street Address: ☐ Same as Owner ☐ Same as Joint Owner

Permanent Street Address

City

State

Zip

Social Security Number

Date of Birth

Sex ☐ Male  
☐ Female

Relationship to Owner(s)

**SECTION III - Beneficiary / Beneficiaries**

**i** If there are Joint Owners, the surviving Owner is the Primary Beneficiary and the beneficiaries listed below will be considered contingent beneficiaries.

☐ Check here if the surviving Owner should **NOT** be considered the Primary Beneficiary upon either Owner's death.

Beneficiary Type	Name (First, Middle, Last)	Date of Birth (mm/dd/yyyy)	Relationship to Owner	Social Security Number	Percentage of Proceeds
Primary	JANE DOE	5-10-1958	SPOUSE	987-65-4321	100
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

**SECTION IV - Contract Applied For**

**i** Subject to current availability.

Class Selection	Tax Market
<input checked="" type="checkbox"/> B Class <input type="checkbox"/> R Class <input type="checkbox"/> B Plus Class <input type="checkbox"/> L Class <input checked="" type="checkbox"/> C Class If B Plus is chosen, complete the Bonus Disclosure form.	<input checked="" type="checkbox"/> Non-Qualified <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Decedent IRA <input checked="" type="checkbox"/> Non-Qualified Decedent If Non-Qualified Decedent or Decedent IRA is chosen, complete appropriate Inherited Election form.

Optional Riders (Available at time of application only. There are additional charges for Optional Riders listed below.)

**Living Benefit Riders (maximum one)**

- ☒ GMIB (Guaranteed Minimum Income Benefit)  
☐ GMIB Plus (Guaranteed Minimum Income Benefit Plus) (2008)  
☐ GWB (Guaranteed Withdrawal Benefit)  
☐ Single Life – MetLife Lifetime Withdrawal Guarantee<sup>SM</sup> (LWG) (2008)  
☐ Joint Life – MetLife Lifetime Withdrawal Guarantee<sup>SM</sup> (LWG) (2008)  
☐ GMAB (Guaranteed Minimum Accumulation Benefit)

**i** GWB is the only living benefit rider available to Decedent IRAs.  
No living benefit riders are available with Non-Qualified Decedent.

**Death Benefit Riders (maximum one)**

If no selection is made, the Standard Death Benefit will be provided at no additional charge.

- ☐ Annual Step Up Death Benefit  
☐ Enhanced Death Benefit (2008)

**i** Enhanced Death Benefit may only be elected with GMIB Plus (2008) or without an optional living benefit rider.

**Other Riders** If EPB is chosen, complete EPB form.

- ☐ EPB (Earnings Preservation Benefit)



**SECTION V - Existing Insurance and Annuities/Replacement**

(a) Do you have any existing individual life insurance or annuity contracts?

☐ Yes ☒ No

(b) Will the annuity applied for replace or change one or more existing annuity or life insurance contracts?

☐ Yes ☒ No

① Replacement includes any surrender, loan, withdrawal, lapse, reduction in or redirection of payments on an annuity or life insurance contract in connection with this application.

📄 If **Yes to either**, ensure that any applicable disclosure and replacement forms are attached.

**SECTION VI - Payment Information**

📄 For new drafts, complete the Electronic Payment Account Agreement form.

**Source of Funds:** Enter the appropriate letter from the sources listed below in the **Details** box of the Payment Chart.

① If Money Market Account was funded with Mutual Funds within last six months, select Mutual Fund as source.

📄 Complete ARD form if source is Annuity, Life Insurance or Mutual Fund.

(A) Annuity (including 403(b))

(F) Life Insurance

(K) Real Estate

(B) Bonds

(G) Loan

(L) Savings

(C) Certificate of Deposit

(H) Money Market Account

(M) Stocks

(D) Discretionary Income (Salary / Bonus)

(I) Mutual Fund (including 403(b)(7))

(N) Other

(E) Endowment

(J) Pension Assets

**Tax Market of Funds:** Enter the appropriate number from the tax markets listed below in the **Details** box of the Payment Chart.

(1) Qualified Plan (401(a), 401(k), Keogh, Pension Plan, etc.)

(3) Roth IRA

(5) 403(a), 403(b), 403(b)(7)

(2) Traditional IRA, SEP IRA, SAR-SEP IRA

(4) SIMPLE IRA

(6) Non-Qualified

#	Payment Type	Delivery Method	Details
1	<input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> 1035 Exchange <input type="checkbox"/> Contribution	<input type="checkbox"/> Payment with Application <input type="checkbox"/> Transfer with Application <input type="checkbox"/> Electronic Payment	Amount _____ Source of Funds _____ Source (if Other) _____ Tax Market of Funds _____ If Source is Endowment: Maturity Date _____ For IRA Contributions: Tax Year _____
2	<input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> 1035 Exchange <input type="checkbox"/> Contribution	<input type="checkbox"/> Payment with Application <input type="checkbox"/> Transfer with Application <input type="checkbox"/> Electronic Payment	Amount _____ Source of Funds _____ Source (if Other) _____ Tax Market of Funds _____ If Source is Endowment: Maturity Date _____ For IRA Contributions: Tax Year _____
3	<input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> 1035 Exchange <input type="checkbox"/> Contribution	<input type="checkbox"/> Payment with Application <input type="checkbox"/> Transfer with Application <input type="checkbox"/> Electronic Payment	Amount _____ Source of Funds _____ Source (if Other) _____ Tax Market of Funds _____ If Source is Endowment: Maturity Date _____ For IRA Contributions: Tax Year _____
4	<input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> 1035 Exchange <input type="checkbox"/> Contribution	<input type="checkbox"/> Payment with Application <input type="checkbox"/> Transfer with Application <input type="checkbox"/> Electronic Payment	Amount _____ Source of Funds _____ Source (if Other) _____ Tax Market of Funds _____ If Source is Endowment: Maturity Date _____ For IRA Contributions: Tax Year _____



## State Disclosures

## (a) Important State Notices:

**Massachusetts Residents Only:** The variable annuity for which you are making this application gives us the right to restrict or discontinue allocations of purchase payments to the Fixed Account and reallocation from the Investment Divisions to the Fixed Account. This discontinuance right may be exercised for reasons which include but are not limited to our ability to support the minimum guaranteed interest rate of the Fixed Account when the yields on our Investments would not be sufficient to do so. This discontinuance will not be exercised in an unfairly discriminatory manner. The prospectus also contains additional information about our right to restrict access to the Fixed Account in the future. **BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ AND UNDERSTOOD THE STATEMENTS IN THIS APPLICATION AND IN THE PROSPECTUS THAT THE FIXED ACCOUNT MAY NOT BE AVAILABLE AT SOME POINT DURING THE LIFE OF THE CONTRACT INCLUDING POSSIBLY WHEN THIS CONTRACT IS ISSUED.**

**Pennsylvania Residents Only:** ANNUITY PAYMENTS OR SURRENDER VALUES, WHEN BASED UPON THE INVESTMENT EXPERIENCE OF A SEPARATE ACCOUNT, ARE VARIABLE AND ARE NOT GUARANTEED AS TO A FIXED DOLLAR AMOUNT.

## (b) State Fraud Statements:

**Arkansas, Louisiana, and West Virginia Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**District of Columbia Residents Only: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Residents Only:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky Residents Only:** Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Virginia and Washington Residents Only:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**New Jersey Residents Only:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of crime and may be subject to civil fines and criminal penalties.

**Ohio Residents Only:** A person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

**Pennsylvania Residents Only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



### Statement of Owner(s): I/We

- hereby represent my/our answers to the above questions to be correct and true to the best of my/our knowledge and belief.
- have received the current prospectus for the Preference Plus Select and all required underlying fund prospectuses.
- understand that there is no additional tax benefit obtained by funding an IRA with a variable annuity.
- acknowledge that MetLife does not provide legal or tax advice and does not guarantee the intended tax treatment of the annuity or any riders thereto. I/We have been informed about the tax uncertainties stated above or elsewhere in this application, and it has also been recommended to me/us that I/we consult my/our own tax advisor or tax attorney prior to the purchase of the annuity or any riders thereto.
- understand that I/we should notify Metropolitan Life Insurance Company if any information contained in this application should change.
- certify that the Class Selection and Optional Rider(s) meet(s) the needs of my/our current investment objectives and risk tolerance.

Under penalties of perjury, I, the Owner, certify that:

- The number shown in this application is my correct taxpayer identification number, and I am not subject to backup withholding because:
  - (a) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends;  
or
  - (b) the IRS has notified me that I am not subject to backup withholding.  
(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)
- I am a U.S. citizen or a U.S. resident alien for tax purposes.  
(If you are not a U.S. citizen or a U.S. resident alien for tax purposes, please cross out this certification and complete form W-8BEN).

 The IRS does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

I/We have read the State Fraud Statement and/or Important State Notice in Section VII applicable to me/us.

City & State where the application is signed:

Anytown, MA

Owner Signature

Date



4-9-2008

Joint Owner Signature

Date



Annuitant Signature

Date



### Statement of Producer

All answers are correct to the best of my knowledge. I have delivered a current Preference Plus Select variable annuity prospectus and all required underlying fund prospectuses and reviewed the financial situation of the Proposed Owner as disclosed, and believe that a multifunded annuity contract would be suitable. I am properly FINRA registered and licensed in the state where the Proposed Owner signed this application.

Does the Owner have existing life insurance policies or annuity contracts?

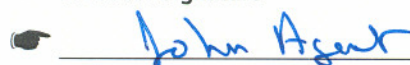
☐ Yes ☒ No

Do you have reason to believe that the replacement or change of any existing life insurance policies and annuity contracts may be involved?

☐ Yes ☒ No

Producer Signature

Date



Printed Producer Name

State License Number

Phone Number

JOHN AGENT

1008

212-333-4444

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

### Review Status:

**Bypassed -Name:** Certification/Notice 04/04/2008  
**Bypass Reason:** Not applicable for this filing.  
**Comments:**

### Review Status:

**Satisfied -Name:** Application 04/04/2008  
**Comments:**  
Please refer to Form Schedule tab.

### Review Status:

**Bypassed -Name:** Life & Annuity - Acturial Memo 04/04/2008  
**Bypass Reason:** Not applicable for this filing.  
**Comments:**

### Review Status:

**Satisfied -Name:** Statement of Variability 04/14/2008  
**Comments:**  
Statement of Variability  
**Attachment:**  
APP\_SoV.pdf

**Metropolitan Life Insurance Company**  
**STATEMENT OF VARIABILITY**  
**For Application: PPS-APP-9-08**

April 7, 2008

<b>Company Address</b>	The company address may change at some point in the future.
<b>Product Name</b> <b>[Preference Plus Select]</b>	The marketing name is bracketed to permit changes to this name in the future.
<b>SECTION I – Owner(s)</b>	
<b>VA NON US</b>	The identification number for the Non-US Citizen or a Non-US Permanent Legal Resident supplement form is bracketed to permit future changes to the numbering sequence.
<b>SECTION III – Beneficiary/Beneficiaries</b>	
<b>Beneficiary/Beneficiaries</b>	We reserve the right to change or clarify the disclosure language to aide the applicant in completing this section.
<b>SECTION IV - Contract Applied for Section</b>	
<b>Class Selection</b>	The product classes are bracketed to permit changes to the marketing names and product class availability. If new classes are approved by the Department, this section will be updated to reflect the product class.
<b>Tax Market</b>	We reserve the right to offer this product in some or all of the following markets: Nonqualified, 401(a), 403(b), IRA (including traditional, SIMPLE, SEP, custodial, and Roth). We will include check boxes for each available market in the future.
<b>Optional Riders</b>	The optional riders are bracketed to permit changes to the marketing names and rider availability. These are optional features available for an extra charge that are only made available at time of application and attached to the contract at issue via a rider. As new riders are approved by the Department, this section will be updated to reflect the marketing name and rider.
<b>SECTION V - Existing Insurance and Annuities/Replacement Section</b>	
<b>Existing Insurance and Annuities/Replacement</b>	The text in this section may be enhanced for clarity or compliance with insurance laws in your state or other states. We may add additional directive/clarification information in the “Replacement Question” section of the application based on changes from the NAIC Model Regulation or other insurance regulations or laws.



<b>SECTION VI – Payment Information</b>	
<b>Source of Funds</b>	<p>We reserve the right for future reprints of the application, to reformat this section as follows:</p> <ul style="list-style-type: none"> <li>• The Source of Funds may contain some or all of the possible choices shown or any other source that may become acceptable in the future.</li> </ul>
<b>Tax Market of Funds</b>	<p>We reserve the right for future reprints of the application, to reformat this section as follows:</p> <ul style="list-style-type: none"> <li>• The Tax Market of Funds may contain some or all of the possible choices shown or any other market that may become available in the future.</li> </ul>
<b>Payment Type, Delivery Method, Details</b>	<p>We reserve the right for future reprints of the application, to reformat this section as follows:</p> <ul style="list-style-type: none"> <li>• The Payment Type and Delivery Method will show some or all of the choices available or any other type that might be available in the future.</li> <li>• The Details may be expanded to allow the applicant to provide additional information.</li> </ul>
<b>SECTION VII – State Disclosures and Certification and Signatures</b>	
<b>Important State Notices</b>	<p>The text in these sections may be enhanced for clarity or compliance with insurance laws in your state or other states.</p>
<b>State Fraud Statements</b>	<p>The text in these sections may be enhanced for clarity or compliance with insurance laws in your state or other states. We may add additional directive/clarification information in the “Replacement Question” section of the application based on changes from the NAIC Model Regulation or other insurance regulations or laws. Additionally, the Disclosure &amp; Acknowledgement section may be modified for any changes in “fraud language” that may be required by other states.</p>